

SERIAL NO.  
**10/088265**

FILING DATE

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

## CLAIMS

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	1		1		2	
TOTAL DEP.	29	←	29	←	29	←
TOTAL CLAIMS	30		30		31	

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS